Attachment A

WIASRD Submission Instructions

General Instructions

ETA has contracted Social Policy Research Associates (SPR) to receive and process submissions of WIASRD data. In order to ensure data integrity, it is suggested that the data for all the WIBs and for Statewide programs in a State should be transmitted in the same format (fixed field or delimited field). If delimited fields are used, use a comma as the delimiter. In addition, data can be sent encrypted by password protecting the compressed (zipped) file. If for any reason the data submitted is incomplete (i.e., data for one or more WIB(s) has not been received), indicate on the transmittal form that the data is incomplete and specify what is missing. A transmittal form should be included with each submission to provide for accountability.

Method of Transmission

Data may be sent by e-mail, diskette, CD, or FTP.

E-mail: The preferred submission method is by e-mail. Send to **WIASRD@spra.com**. Compress (zip) the file if over 1 megabyte. You may also include transmittal information (see below) in your e-mail. The filename should be of the form XXPY_n.txt, where XX is the two letter postal abbreviation for the State, PY is the PY year, and "n" is the submission number (in case there is more than one submission). For example, PR00_2 is Puerto Rico's second submission.

Diskette (or CD): Label each diskette with the State name, date, file name, submission number and preferably contact information. Label each disk in sequence (Disk 1 of 20, Disk 2 of 20, etc.). Record the total number of diskettes being submitted on the transmittal form.

Send diskettes or CDS to:

WIASRD Processing Social Policy Research Associates 1330 Broadway, Suite 1426 Oakland, CA 94612

FTP: Call for instructions and allow a few days for procedures to be developed. Point of contact at SPR is David Wright at (510) 763-1499, x627 or **wright_david@spra.com** for assistance regarding any problems you may be having regarding the WIASRD data.

PY 2000 WIASRD Submission Form

| 1. State: | | | |
|--|--|--|--|
| 2. Contact Person: | | | |
| Phone: | | | |
| Address: | | | |
| 3. Date Sent: | | | |
| 4. Submission Type: | | | |
| Preliminary (data are not final) | | | |
| Final (data are consistent with Annual Report) | | | |
| 5. Is the submission a sample? | | | |
| Yes: Sampling percentage:No | | | |
| 6. Submission Method Disk(s) Number of Disks: E-mail Transmission (send to <u>WIASRD@spra.com</u>) CD FTP | | | |
| 7. Filename: | | | |
| 8. Password (if applicable): | | | |
| 9. What file format are you using? ~ Fixed Field ~ Comma Delimited Field | | | |
| 10. Total Number of Records in File: | | | |

| 11. | Any additional information (e.g. incomplete data submission): | | |
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